

PRIVATE PROCESS

Case Number: 2015-CI-17357



2015CI17357 S00003

RODERICK STEVENS

VS.

CHANCE G ANDREPONT ET AL

(Note: Attached Document May Contain Additional Litigants.)

 IN THE DISTRICT COURT  
 285th JUDICIAL DISTRICT  
 BEXAR COUNTY, TEXAS

## CITATION

"THE STATE OF TEXAS"

Directed To: TIMCO SERVICES INC

 Served: 10/20/15  
 By: Vivian Alvarado  
 SCH1980

BY SERVING ITS REGISTERED AGENT, CAPITOL CORPORATE SERVICES INC

"You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you." Said petition was filed on the 13th day of October, 2015.

ISSUED UNDER MY HAND AND SEAL OF SAID COURT ON THIS 19TH DAY OF OCTOBER A.D., 2015.

PETITION

 JAMES H SHAFFER  
 ATTORNEY FOR PLAINTIFF  
 5822 WEST IH 10  
 SAN ANTONIO, TX 78201

 Donna Kay McKinney  
 Bexar County District Clerk  
 101 W. Nueva, Suite 217  
 San Antonio, Texas 78205

By: Victoria R Angeles, Deputy

## OFFICER'S RETURN

I received this citation on 10/20/15 at 3:00 o'clock P M. and: ( ) executed it by delivering a copy of the citation with the date of delivery endorsed on it to the defendant, \_\_\_\_\_ in person on the \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ M. at: \_\_\_\_\_ or ( ) not executed because \_\_\_\_\_ Fees: \_\_\_\_\_ Badge/PPS #: \_\_\_\_\_ Date certification expires: \_\_\_\_\_ County, Texas

By: \_\_\_\_\_

OR: VERIFICATION OF RETURN (If not served by a peace officer) SWORN TO this \_\_\_\_\_

NOTARY PUBLIC, STATE OF TEXAS

OR: My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_, and my address is \_\_\_\_\_ (County).

I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_ County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Declarant

**"Exhibit A"**

ORIGINAL (DK002)

FILED  
10/13/2015 4:32:00 PM  
Donna Kay McKinney  
Bexar County District Clerk  
Accepted By: Lisa Morales

CAUSE NO. 2015CI17357

RODERICK STEVENS

§

IN THE DISTRICT COURT

*Plaintiff*

VS.

§

**285TH**  
\_\_\_\_\_<sup>TH</sup> JUDICIAL DISTRICT

CHANCE G. ANDREPONT A/K/A  
CHANCE ANDREPOINT;  
TIMCO SERVICES, LLC;  
TIMCO SERVICES, INC., AND  
TIMCO SERVICES, AN ASSUMED  
OR COMMON NAME

*Defendants*

§

BEXAR COUNTY, TEXAS

**PLAINTIFF'S ORIGINAL PETITION**

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COME Plaintiff, RODERICK STEVENS, complaining of the following defendants:

Chance G. Andrepoint also known as Chance Andrepoint; Timco Services, LLC; TIMCO SERVICES, INC.; and Timco Services, an assumed or common name, and for cause of action would respectfully show the Court as follows:

**LEVEL 3**

1. Pursuant to Rule 190 and it's subparts of the Texas Rules of Civil Procedure, discovery is intended to be conducted under Level 3 of said Rule.

**PARTIES**

2. **Plaintiff:** Plaintiff, Roderick Stevens, is an individual residing in Texas.
3. **Defendants:** The Defendants are identified as follows, to wit:

(1) Defendant, Chance G. Andrepont also known as Chance Andrepoint (hereafter referred to as "Defendant ANDREPONT"), is an individual residing in Acadia Parish, Louisiana. Defendant may be served with process at 609 E. Jeanette, Crowley, Louisiana 70526.

Alternatively, by virtue of the operation of a motor vehicle on the public roads of Texas, as more particularly described herein below, Defendant Chance G. Andrepont also known as Chance Andrepoint, a **nonresident** and an **agent of a nonresident (defendants 2-3 below)** has appointed Tryon D. Lewis, Chairman of the Texas Transportation Commission, as his agent upon whom citation may be served at 125 E. 11<sup>th</sup> Street, Austin, Texas, 78701-2483 or any other location where Chairman of the Texas Transportation Commission may be found, in accordance with Section 17.062(a) of the TEXAS CIVIL PRACTICE & REMEDIES CODE.

(2) Defendant, Timco Services, LLC, is a Foreign Limited Liability Company (LLC) doing business in the State of Texas. It is successor by merger to TIMCO SERVICES, INC., and may be served with process through its registered agent, Capitol Corporate Services, Inc., at 800 Brazos, Suite 400, Austin, Texas 78701.

(3) Defendant, TIMCO SERVICES, INC., is a Foreign Limited Liability Company (LLC) doing business in the State of Texas. Defendant TIMCO SERVICES, INC. may be served with process through its registered agent, Capitol Corporate Services, Inc., 800 Brazos, Suite 400, Austin, Texas 78701.

(4) Defendant, Timco Services, an assumed or common name, is a business entity doing business in Texas. Defendant Timco Services, an assumed or common name, may be served with process by serving its vice president, Hector Plata, or any other duly authorized

representative or agent at 511 Corgey Road, Pleasanton, Atascosa County, Texas 78064.

(5) Defendants (2)-(4) above are hereafter collectively referred to as "Defendant TIMCO SERVICES".

#### VENUE

4. Venue is proper in Bexar County, Texas pursuant to V.T.C.A., Civil Practice and Remedies Code, §15.001, et seq in that the cause of action accrued and occurred in Bexar County, Texas.

#### FACTS

5. On or about **October 18, 2013**, Plaintiff was traveling in a motor vehicle in Bexar County, Texas. On that date Defendant ANDREPONT was operating Defendant TIMCO SERVICES' motor vehicle on the same roadway in Bexar County, Texas. The motor vehicle driven by Defendant ANDREPONT collided with the motor vehicle occupied by Plaintiff. More specifically, but not by way of limitation, and to comply with **Texas CPRC 17.062**, the motor vehicle collision occurred at the following address, to wit:

Interstate Highway 35 North (IH 35N), Roadway Part 1, 4800 block, 400 feet North of the Loop 410 Southbound Exit, as more further described in **Exhibit 1**, a true and correct copy of the Texas Peace Officer's Crash Report, attached hereto and incorporated herein as though fully set forth verbatim.

As a result of the collision described above, Plaintiff suffered and sustained severe bodily injuries and damages to his person and body generally, and for which sums Plaintiff now sues. Plaintiff would further show that at the times and places in question, Defendant ANDREPONT was guilty of acts of omission and commission which constituted negligence and negligence per se, and such acts and omissions, singularly or in combination with others, were a proximate cause or causes of the collision in question and of the serious bodily injuries and damages to the Plaintiff and for such sums Plaintiff herein now sues and for such sums said Defendants are liable, jointly and severally.

NEGLIGENCE OF DEFENDANT ANDREPONT

6. Pleading further, but not by way of limitation, and adopting paragraphs 1-5 above as though fully set forth verbatim, Defendant ANDREPONT was negligent in that he violated the duty which he owed Plaintiff to exercise ordinary care in the operation of a motor vehicle in one or more of the following particulars:

- (1) In failing to yield the right of way to Plaintiff and colliding the vehicle he was operating into the vehicle Plaintiff was operating;
- (2) In being inattentive and colliding the vehicle he was operating into the vehicle Plaintiff was operating;
- (3) In failing to keep such lookout that a person of ordinary prudence would have kept under the same or similar circumstances and colliding the vehicle he was operating into the vehicle Plaintiff was operating;
- (4) In failing to apply or timely apply the brakes to the vehicle he was operating and colliding into the vehicle Plaintiff was operating;
- (5) In driving at an excessive or unreasonable rate of speed such that he was unable to stop or prevent the vehicle he was operating from colliding into the vehicle Plaintiff was operating;
- (6) In failing to drive safely by colliding the vehicle he was operating into the vehicle Plaintiff was operating;
- (7) While following behind Plaintiff, Defendant ANDREPONT failed to maintain an assured clear distance between the vehicle he was operating and the vehicle Plaintiff was operating, so that he could safely stop his vehicle without colliding into Plaintiff;
- (8) In failing to stop at the proper place.

Each of such acts and omissions, singularly or in combination with others, constitute negligence which proximately caused the collision and the injuries and damages which Plaintiff suffered, and for such injuries and damages Plaintiff herein now sues and for such sums Defendants are liable, jointly and severally.

NEGLIGENCE PER SE OF DEFENDANT ANDREPONT

7. Pleading further, but not by way of limitation, and adopting paragraphs 1-6 above as though fully set forth verbatim, Defendant ANDREPONT was negligent per se on the date in question by engaging in conduct in violation of the following statutes, to wit :

- (1) Texas Transportation Code § 545.062, by failing to maintain an assured clear distance between his vehicle and Plaintiff's vehicle while following behind Plaintiff's vehicle such that defendant was unable to safely stop without colliding with Plaintiff's vehicle;
- (2) Texas Transportation Code § 545.351, by failing to control the speed of a vehicle as necessary to avoid colliding with another person or vehicle that is on or entering the highway in compliance with law and by breaching the duty of each person to use due care;

Each of such acts and omissions, singularly or in combination with others, constitute negligence per se which proximately caused the collision and the injuries and damages which Plaintiff suffered, and for such injuries and damages Plaintiff herein now sues and for such sums Defendants are liable, jointly and severally. Those statutory violations identified above constitute negligence per se. The statutes cited above are intended to protect a class of persons of which Plaintiff is a member.

#### VICARIOUS LIABILITY OF DEFENDANT TIMCO SERVICES

8. Pleading further, but not by way of limitation, and adopting paragraph 1-7 above as though fully set forth verbatim, Plaintiff would further show that at the times and places in question, Defendant ANDREPONT was guilty of acts of omission and commission which constituted negligence and negligence per se in the following respects:

- (1) while acting as a person in the service of another (Defendant TIMCO SERVICES) with the understanding, express or implied, that such other person/entity has the right to direct the details of the work and not merely the result to be accomplished, and while acting in the course and scope of his employment and in the furtherance of the business of Defendant

TIMCO SERVICES, and was a proximate cause or causes of the incident in question and of the property damages and serious bodily injuries and damages to the Plaintiff for which sums Plaintiff herein now sues and for which sums Defendant TIMCO SERVICES, is liable. Defendant TIMCO SERVICES, is liable to Plaintiff under the principle of respondeat superior; and/or

(2) while acting as a borrowed employee of Defendant TIMCO SERVICES, and while acting in the course and scope of his employment and in the furtherance of the business of Defendant TIMCO SERVICES, and was a proximate cause or causes of the incident in question and of the property damages and serious bodily injuries and damages to the Plaintiff for which sums Plaintiff herein now sues and for which sums Defendant TIMCO SERVICES is liable. Defendant TIMCO SERVICES is liable to Plaintiff under the principle of respondeat superior; and/or

(3) while operating a vehicle in the furtherance of a mission for the benefit of Defendant TIMCO SERVICES and subject to control by Defendant TIMCO SERVICES as to the details of the mission, and was a proximate cause or causes of the incident in question and of the property damages and serious bodily injuries and damages to the Plaintiff for which sums Plaintiff herein now sues and for which sums Defendant TIMCO SERVICES is liable. Defendant TIMCO SERVICES is liable to Plaintiff under the principle of respondeat superior; and/or

(4) while operating a vehicle he was engaged in a joint enterprise with Defendant TIMCO SERVICES and was a proximate cause or causes of the incident in question and of the property damages and serious bodily injuries and damages to the Plaintiff for which sums Plaintiff herein now sues and for which sums said Defendant TIMCO SERVICES is liable.

Defendant TIMCO SERVICES is liable to Plaintiff under the principle of respondeat superior.

### DAMAGES

9. Pleading further, but not by way of limitation, and adopting paragraph 1-8 above as though fully set forth verbatim, Plaintiff would further show that all damages are within the jurisdictional limits of the court. At this time, Plaintiff “seeks monetary relief over \$200,000.00 but not more than \$1,000,000.00” as further described in paragraph 11 below, excluding costs, prejudgment interest and attorneys’ fees.

10. Plaintiff would further show the amount of damages in this case is best left to the discretion of the jury after all of the evidence is presented at trial. Such damages include, but are not limited to, past and future physical pain and mental anguish, past and future loss of earning capacity and lost wages, past and future disfigurement, past and future physical impairment, past and future medical care expenses. All of said damages are a direct and proximate result of Defendant ANDREPONT’s negligence and negligence per se.

11. **TRCP Rule 47:** Rule 47 of the Texas Rules of Civil Procedure now requires an injured party to bracket his harms and losses caused by the negligence of the Defendants by pleading an arbitrary minimum and maximum dollar amount that he is seeking in damages. If Plaintiff believes his harms and losses caused by the defendant’s negligence exceed \$200,000.00 but are less than \$1,000,000.00, Rule 47(c)(4) requires Plaintiff make a statement in the lawsuit that he “seeks monetary relief over \$200,000.00 but not more than \$1,000,000.00”. Therefore, to comply with Rule 47 of the Texas Rules of Civil Procedure, Plaintiff pled in paragraph 9 above the following statement “Plaintiff seeks monetary relief over \$200,000.00 but not more than \$1,000,000.00” for his harms and losses caused by the negligence of Defendant ANDREPONT. However, Plaintiff pled this dollar



range because he had no legal choice, and he would like the jury to understand that Plaintiff believes that the amount of his harms and losses caused by the Defendant ANDREPONT's unnecessarily dangerous conduct should be strictly determined by the ladies and gentlemen of the jury without being improperly prejudiced by this arbitrary dollar bracket.

**NOTICE OF INTENTION TO USE DOCUMENTS AND TANGIBLE ITEMS**

12. Plaintiff is providing this Notice pursuant to Texas Rule of Civil Procedure 193.7 that he intends to use and utilize the documents and tangible items produced by Defendants in Defendants' deposition(s) and Defendants' answers and responses to Interrogatories, Request for Production and Request for Disclosure against Defendants at trial, including but not limited to the medical records, medical bills, expert witness reports, expert witness correspondence, employment records, the Texas Peace Officer's Crash Report, and recorded statements, if any, photographs and cellular phone records. The authenticity of such items is self-proven per the Texas Rules of Civil Procedure, 193.7.

**PRAYER**

13. Plaintiff demands a trial by jury.

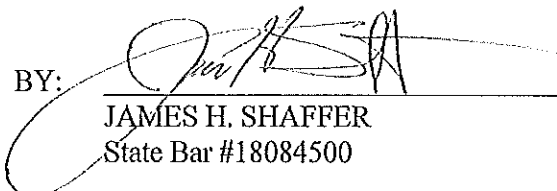
WHEREFORE, PREMISES CONSIDERED, Plaintiff requests that the Defendants be cited to appear and answer, and that on final trial, Plaintiff recover against Defendants, jointly and severally, his:

- a. actual damages in a sum in excess of the minimum jurisdictional limits of the Court;
- b. interest before and after judgment at the legal rate;
- c. cost of suit; and
- d. such other and further relief to which Plaintiff may be justly entitled.

Respectfully submitted,

TYLER & PEERY  
5822 West IH 10  
San Antonio, Texas 78201  
(210) 340-0900 PHONE  
(210) 736-9197 FACSIMILE

BY:



---

JAMES H. SHAFFER  
State Bar #18084500

ATTORNEYS FOR PLAINTIFF

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Units 1 3 Total Prsns. 1 4 TxDOT 13500104.1  
Crash ID /2013391074

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)  
Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 486-5780  
Refer to Attached Code Sheet for Numbered Fields
Page 1 of 4

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) <u>10/18/2013</u>		*Crash Time (24HRMM) <u>1710</u>		Case ID <u>SAPD13229648</u>		Local Use <u>3340</u>	
*County Name <u>BEXAR</u>				*City Name <u>SAN ANTONIO</u>			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Latitude (decimal degrees) <u>29.5111</u> Longitude (decimal degrees) <u>-98.4937</u>							
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. <u>IH</u>		*Hwy. Num. <u>35</u>		2 Rdwy. Part <u>1</u>		Block Num. <u>4800</u>	
3 Street Prefix		*Street Name <u>IH35 N</u>		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot <input type="checkbox"/> Toll Road/Toll Lane <input type="checkbox"/> Speed Limit <u>60</u> <input type="checkbox"/> Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Street Desc. <u>IH35 N SB mainlanes</u>							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. <u>IH</u>		Hwy. Num. <u>410</u>		2 Rdwy. Part	
Block Num. <u>4300</u>		3 Street Prefix <u>NR</u>		Street Name <u>Loop 410</u>		4 Street Suffix	
Distance from Int. or Ref. Marker <u>400</u>		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker <u>N</u>		Reference Marker	
Street Desc. <u>410 SB Exit</u>		RRX Num.					
Unit Num. <u>1</u>		5 Unit Desc. <u>1</u>		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. <u>BW74045</u>		VIN <u>1F1T7W2B1E2C09387</u>					
Veh. Year <u>2012</u>		8 Veh. Color <u>WHI</u>		Veh. Make <u>FORD</u>		Veh. Model <u>F250</u>	
7 Body Style <u>PK</u>		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type <u>1</u>		DL/ID State <u>LA</u>		DL/ID Num. <u>007016781</u>		9 DL Class <u>98</u>	
10 CDL End. <u>96</u>		11 DL Rest. <u>98</u>		DOB (MM/DD/YYYY) <u>09/16/1980</u>			
Address (Street, City, State, ZIP) <u>609 E Jeanette Crowley, LA 70526</u>							
Person Num. <u>1</u>		12 Psn. Type <u>1</u>		13 Seat Position <u>1</u>		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity <u>N</u>		Age <u>33</u>		15 Ethnicity <u>W</u>		16 Sex <u>1</u>	
17 Eject <u>1</u>		18 Restr. <u>1</u>		19 Airbag <u>1</u>		20 Helmet <u>97</u>	
21 Sol. <u>N</u>		22 Alc. Spec. <u>96</u>		Alc. Result <u>96</u>		23 Drug Spec. <u>96</u>	
24 Drug Result <u>97</u>		25 Drug Category <u>97</u>		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner Owner/Lessee <input type="checkbox"/> Lessee Name & Address <u>Timco Services, 1724 E Milton RD LaFayette, LA 70505</u>							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type <u>2</u>		Fin. Resp. Name <u>Timco Services</u>	
Fin. Resp. Phone Num. <u>800-238-6225</u>		27 Vehicle Damage Rating <u>1</u>		27 Vehicle Damage Rating <u>2</u>		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By		Towed To					
Unit Num. <u>2</u>		5 Unit Desc. <u>1</u>		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. <u>DN6328</u>		VIN <u>1G1H1D52F155M247676</u>					
Veh. Year <u>2005</u>		6 Veh. Color <u>WHI</u>		Veh. Make <u>CHEVROLET</u>		Veh. Model <u>CLASSIC</u>	
7 Body Style <u>F4</u>		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type <u>1</u>		DL/ID State <u>TX</u>		DL/ID Num. <u>10608080</u>		9 DL Class <u>C</u>	
10 CDL End. <u>96</u>		11 DL Rest. <u>96</u>		DOB (MM/DD/YYYY) <u>07/27/1957</u>			
Address (Street, City, State, ZIP) <u>3622 Du Barry DR San Antonio, TX 78219</u>							
Person Num. <u>1</u>		12 Psn. Type <u>1</u>		13 Seat Position <u>1</u>		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity <u>C</u>		Age <u>56</u>		15 Ethnicity <u>B</u>		16 Sex <u>1</u>	
17 Eject <u>1</u>		18 Restr. <u>1</u>		19 Airbag <u>1</u>		20 Helmet <u>97</u>	
21 Sol. <u>N</u>		22 Alc. Spec. <u>96</u>		Alc. Result <u>96</u>		23 Drug Spec. <u>96</u>	
24 Drug Result <u>97</u>		25 Drug Category <u>97</u>		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner Owner/Lessee <input type="checkbox"/> Lessee Name & Address <u>Stevens, Roderick, 3622 Du Barry DR San Antonio, TX 78219</u>							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type <u>2</u>		Fin. Resp. Name <u>ACCC Insurance</u>	
Fin. Resp. Phone Num. (888) <u>879-0363</u>		27 Vehicle Damage Rating <u>1</u>		27 Vehicle Damage Rating <u>2</u>		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By <u>Texas Towing</u>		Towed To <u>Procure 0 6430 Fairdale</u>					

EXHIBIT

"Exhibit A"

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 1/1/2010

Case ID SAPD13229648

TxDOT Crash ID 13500104.1/2013391074

Page 2 of 4

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)						
	2	1	ME Baptist	EMS								
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address								
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.					
	Carrier's Corp. Name			Carrier's Primary Addr.								
	30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.				
	33 Cargo Body Style	Trailer 1	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires					
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions			
	Unit Num.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	44				3	1	97	3	1	2	17
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)					Field Diagram -- Not to Scale						
	<p>Unit 1, 2, and 3 were all traveling SB on IH35 in the far left lane which exits to Loop 410SB. Traffic slowed and Unit 2 and Unit 3 both stopped. The driver of Unit 1 did not have time to stop and struck Unit 2 pushing Unit 2 into Unit 3. The driver of Unit 1 said that Unit 2 stopped suddenly. The driver of Unit 2 and the passenger of Unit 3 were both transported to the hospital with minor injuries.</p>											
INVESTIGATOR	Time Notified (24HRMM)		How Notified Dispatched		Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)					
	1 7 14 14				1 7 5 11		1 0 / 1 0 / 2 0 1 3					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) MARTIN, BRIANNE				ID Num. 0739					
ORI Num. T X S P D O O O O					*Agency SAN ANTONIO POLICE DEPARTMENT					District/ Area H 3 0		

**"Exhibit A"**

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	3	Total Num. Prsns.	4	TyDOT	13500104.1
Crash ID			/2013391074		

Texas Peace Officer's Crash Report (Form CR-3 11/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 486-5780

Refer to Attached Code Sheet for Numbered Fields

Page 3 of 4

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 10/18/2013		*Crash Time (24HR:MM) 1740		Case ID SABD13229648		Local Use 3340	
*County Name BEXAR				*City Name SAN ANTONIO			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees)		Longitude (decimal degrees)	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. IH		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 4800	
3 Street Prefix		*Street Name IH35 N		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 60	
Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc. IH35 N SB mainlanes	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. IH		Hwy. Num. 410		2 Rdwy. Part	
Block Num. 4300		3 Street Prefix NE		Street Name Loop 410		4 Street Suffix	
Distance from Int. or Ref. Marker 400		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dlr. from Int. or Ref. Marker N		Reference Marker	
Street Desc. 410 SB Exit		RRX Num.					
Unit Num. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. BH23633		VIN 2GCEC19KXS1174317			
Veh. Year 1995		6 Veh. Color GRN		Veh. Make CHEVROLET		Veh. Model C1500	
7 Body Style BK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 12671790		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 03/20/1968			
Address (Street, City, State, ZIP) 12301 Blanco RD San Antonio, TX 78216							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Psn. Type		13 Seat Position		14 Injury Severity	
15 Age		16 Sex		17 Eject.		18 Rest.	
19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.	
23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
1		1		1		Smith, Daniel	
2		2		3		Smith, Timothy	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Name & Address Smith, Daniel, 12301 Blanco RD San Antonio, TX 78216							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name Home State	
Fin. Resp. Num. 1242005212144		27 Vehicle Damage Rating 1 6		27 Vehicle Damage Rating 2		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By							
Towed To							
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State		LP Num.		VIN			
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Psn. Type		13 Seat Position		14 Injury Severity	
15 Age		16 Sex		17 Eject.		18 Rest.	
19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.	
23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Name & Address							
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By							
Towed To							

"Exhibit A"

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 1/1/2010

Case ID SAPD13229648

TxDOT Crash ID 13500104.1/2013391074

Page 4 of 4

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)										
	3	2	NE Baptist	EMS												
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address												
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.									
	Carrier's Corp. Name			Carrier's Primary Addr.												
	30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.								
	33 Cargo Body Style	Trailer 1	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR								
	34 Trlr. Type															
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires									
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit Num.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)					Field Diagram -- Not to Scale										
INVESTIGATOR	Time Notified (24HRMM)	1	7	4	4	How Notified Dispatched	Time Arrived (24HRMM)	1	7	5	1	Report Date (MM/DD/YYYY)	1	0	1	3
	Invest. <input checked="" type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed) MARTIN, BRIANNE					ID Num. 0739									
	ORI Num. T X S P D O O O O	*Agency SAN ANTONIO POLICE DEPARTMENT					District/Area N 3 0 1									

**"Exhibit A"**